

SERIAL NUMBER 09/005,710	FILING DATE 01/12/98	CLASS 204	GROUP ART UNIT 1741	ATTORNEY DOCKET NO. SELF.P-005-2
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APPLICANT  
JEROME F. MCALLEER, WANTAGE, UNITED KINGDOM; DAVID SCOTT, WITNEY, UNITED KINGDOM; GEOFF HALL, INVERNESS, UNITED KINGDOM.

\*\*CONTINUING/DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/601,223 02/14/96 PAT 5,708,247

15716

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

15716

none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

15716

none

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 8	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
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Verified and Acknowledged Examiner's Initials <u>15716</u>	Initials <u>#6</u>
ADDRESS OPPEDAHL & LARSON 1992 COMMERCE STREET SUITE 309 YORKTOWN HEIGHTS NY 10598-4412	

TITLE DISPOSABLE GLUCOSE TEST STRIP AND METHOD AND COMPOSITIONS FOR MAKING SAME
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FILING FEE RECEIVED \$920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Printed 05/06/1999

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/005,710	01/12/1998	204	1741	SELF.P-005-2

## APPLICANT

JEROME F MCALLEER, WANTAGE, UNITED KINGDOM; DAVID SCOTT, WITNEY, UNITED KINGDOM; GEOFF HALL, INVERNESS, UNITED KINGDOM; MANUEL ALVAREZ-ICAZA, INVERNESS, UNITED KINGDOM; ELLIOT V PLOTKIN, INVERNESS, UNITED KINGDOM.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/601,223 02/14/1996 PAT 5,708,247

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/06/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____ Examiner's Name	GBX	8	2	1

ADDRESS  
OPPEDAHL AND LARSON LLP  
P O BOX 5270  
FRISCO , CO 80443-5270

TITLE  
DISPOSABLE GLUCOSE TEST STRIP AND METHOD AND COMPOSITIONS FOR MAKING  
SAME

FILING FEE RECEIVED \$ **920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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